

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 178 Primary Registration District No. 4281 Registrar's No. 85

63-048612
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED DEC 31 1963

VS 300
Rev. 4/59

1 0561

2 0561

3

4 1

5 2

6

7 0

8 2

9 4200

10

11

12 40-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Lewis</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Canton</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At home</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u> c. CITY OR TOWN <u>Canton</u> d. STREET ADDRESS (If outside, give location) <u>701 White</u>	
3. NAME OF DECEASED (Type or print) First <u>Edith</u> Middle <u>Marie</u> Last <u>Smoot</u>		4. DATE OF DEATH Month <u>December</u> Day <u>17</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-15-1892</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	
13a. FATHER'S NAME <u>John Schlager</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Hetzler</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>[redacted]</u>	
17. INFORMANT <u>Mrs. James Rogers, Canton, Mo.</u>		14. NAME OF HUSBAND OR WIFE <u>Marion Smoot</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Respiratory failure</u> DUE TO (b) <u>Congestive Heart failure</u> DUE TO (c) <u>Arteriosclerotic Heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u> <u>6 years</u> <u>years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes Mellitus</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>9 P.M.</u> Month, Day, Year <u>12/17/63</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Canton, Missouri</u>	
21. I attended the deceased from <u>3/7/60</u> to <u>12/17/63</u> and last saw her alive on <u>12/17/63</u> Death occurred at <u>9 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>12/20/63</u>	
22a. SIGNATURE <u>[Signature]</u> (Degree or title)		22b. ADDRESS <u>Canton, Missouri</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-20, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Forest Grove</u>	23d. LOCATION (City, town, or county) (State) <u>Canton, Lewis Co. Mo.</u>
24. FUNERAL DIRECTOR <u>Earl A. Buckley, Canton, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-21-63</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs. Henry Lloyd</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Emel H. Buckley

Licensed Embalmer No. 2615

P. O. Address Canton Mass.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.